

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1951

State File No. **43983**

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>12</u> | | PRIMARY REG. DIST. NO. <u>5048</u> | | Registrar's No. <u>2</u> | |
| 1. PLACE OF DEATH a. COUNTY Barry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural (McDonald) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) Rural (McDonald) | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) George | | a. (First) George | | b. (Middle) W. | | c. (Last) Lowery | |
| 4. DATE OF DEATH 3-11-1950 | | 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH 1-20-1875 | | 9. AGE (In years last birthday) 75 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Henderson Lowery | | 13b. MOTHER'S MAIDEN NAME Amanda Edwards | | 14. NAME OF HUSBAND OR WIFE Helen Lowery | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Lowery-Purdy | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatism DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 611X | | | | INTERVAL BETWEEN ONSET AND DEATH 1 Mo | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from 3-16 19 49 to 3-10 19 50 , that I last saw the deceased alive on 3-11 19 50 , and that death occurred at 5:25 p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. D. Baldwin | | (Degree or title) _____ | | 23b. ADDRESS Purdy Mo | | 23c. DATE SIGNED 3-21-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-13-1950 | | 24c. NAME OF CEMETERY OR CREMATORY Arnhardt Cemetery | | 24d. LOCATION (City, town, or county) (State) Barry County, Missouri | |
| DATE REC'D BY LOCAL REG. 4-9-51 | | REGISTRAR'S SIGNATURE Mrs. Mrs. Hudson | | 25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS E. E. Culver - Caberville, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0050
1

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED **APR 14 1951**

Dist. File 437-291

Date Filed 4-14-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Glen D. Williams

Licensed Embalmer No. 4651

P. O. Address Cassville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.